



Part 1: Local Educational Agency Information

Name of Local Educational Agency Two Rivers Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Jessica Wodatch
Full Address of Local Educational Agency 1227 4th Street, NE, Washington, DC 20002	Email Address of LEA Executive Director (Public Charter Schools Only) jwodatch@tworiverspcs.org
Main Telephone Number of Local Educational Agency 202-546-4477	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-546-4477
Name of Primary LEA Contact for Consolidated Application Programs Sarah Richardson	Name of Additional LEA Contact for Consolidated Application Programs Mary Gornick
Position Title of Primary LEA Contact for Consolidated Application Programs Chief Financial Officer	Position Title of Additional LEA Contact for Consolidated Application Programs Business Manager
Email Address of Primary LEA Contact for Consolidated Application Programs srichardson@tworiverspcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs mgornick@tworiverspcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-546-4477 ext. 421	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-546-4477 ext. 432

Part 2: Programs for Which the LEA is Applying for Funding

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application.
 Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least \$10,000.
 allocations are subject to change according to the applicable federal and state statutes, regulations, and policies.

For
Please note that

LEA Allocation for Title I, Part A	LEA Allocation for Title II, Part A	LEA Allocation for Title III, Part A
\$ 137,902.41	\$ 40,929.64	

Part 3: Schedule for Submission of Reimbursement Requests

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2013 (July 1, 2013 - September 30, 2015, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.

Monthly (12 workbooks per year)	Bi-Monthly (6 workbooks per year)	Quarterly (4 workbooks per year)
		X

Part 4: LEA Certification of Application

By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge.
 the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the application.

Additionally,

Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Ann Gosier	Signature of Individual Certifying Phase II Application
Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 9/16/13

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

Date Phase II Application First Received:	
Date Phase II Application Approved (first date for reimbursement):	

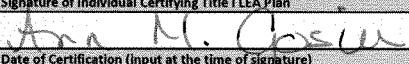


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Name of Primary LEA Contact for Title I LEA Plan Sarah Richardson	Name of Additional LEA Contact for Title I LEA Plan Mary Gornick
Position Title of Primary LEA Contact for Title I LEA Plan Chief Financial Officer	Position Title of Additional LEA Contact for Title I LEA Plan Business Manager
Email Address of Primary LEA Contact for Title I LEA Plan srichardson@tworiverspcs.org	Email Address of Additional LEA Contact for Title I LEA Plan mgornick@tworiverspcs.org
Telephone Number of Primary LEA Contact for Title I LEA Plan 202-546-4477 ext. 421	Telephone Number of Additional LEA Contact for Title I LEA Plan 202-546-4477 ext. 432

Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.
Additionally, I certify that the LEA agrees to all assurances included in the application.
I have been authorized to file this application on behalf of the agency named above.

Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Ann Gosier	Signature of Individual Certifying Title I LEA Plan 
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 9/16/13

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OSSE Use Only

Date Title I LEA Plan First Received:	
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810 First Street, NE, 9th floor, Washington, DC 20002